IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Rothman et al.

Confirmation No.:

3143

Serial No.:

10/053,520

Art Unit:

1646

Filed:

January 17, 2002

Examiner:

Nirmal Singh Basi

Conjugate Heat Shock Protein-

Anomey Docket No:

8449-429-999

For:

Binding Peptides

FEE TRANSMITTAL SHEET

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$5585.00.

The claim amendment fee has been estimated as shown below:

(Cat +)		(Col. 2)	(Cot 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY				
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID	PRESENT EXTRA	RATE		ADDIT FEE	UE	RATE	ADDIT. FILL	
TOTAL	221	MINUS	30	201	1 25	<u>\$</u>	5023.00		<u> 2 \$0</u>		
INDEP		MINUS	3	2	A 1.00	\$	200.00		. 200	5	
FIRST PRESENTATION OF MULTIPLE DEP CLAIM					3	340.00					
					TOTAL	\$	5585 00	OR.	TOTAL	5	

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

April 15, 2005

Respectfully submitted.

(Reg. No.)

JONES DAY

222 East 41st Street

New York, New York 10017

(212) 326-3939

Enclosure

CERTIFICATION OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. 1.8(B)

I hereby certify that this paper is being filed with the United States Patent and Trademark Office by facsimile transmission on April 15, 2005 to facsimile telephone number 571-273-8300

32,605

Adriane M. Antier

Reg. No.

NY ID 1373045.1

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10053520

Chective October 1, 2001								10033320					
		CLAIMS AS	(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS								RATE	FEE		RATE	FEE	
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
то	TAL CHARGEA	BLE CLAIMS		us 20=	· Ø			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	/ mil	nus 3 =	· Ø			X42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PE	RESÈNT		/· 🗆			+140=		OR	+280=		
* If	the difference	in column 1 is l	ess than ze	ro, ente	r " 0" in o	olumn 2	1	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER		
		(Column 1)		(Colu				SMALL ENTITY		OR	SMALL	ENTITY	
ENTA		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FE	
MON	Total	. 5	Minus	** 2	= <i>Ø</i>		X\$ 9=		OR	X\$18=			
AMENDMENT	Independent	<u>`</u>			3	-10	X42=		OR	X84=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							'	+140=		OR	+280=	_	
							•	TOTAL		OR	TOTAL		
							4	ADDIT. FEE		1011	ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)	٠.						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUA PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO.	Total	· 105	Minus	** 3	20	= 0		X\$ 9=		OR	X\$18=		
AME	Independent	• 7	Minus	***	3	70	11	X42=		OR	X84=		
	FIRST PHESE	NTATION OF MU	JUIPLE DE	ENDEN	CLAIM		3	+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	ımn 2)	(Column 3)	_						
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	- 18	Minus	** 8	20	-78_		X\$ 9=	19500	,) JR	X\$18=		
	Independent	• 5	Minus	***	3	= 2	4	X42=	200,00	OR	X84=		
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENUEN	II CLAIM		J	+140=	180	OR	+280=		
!	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								100]	TOTAL		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
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